

EXHIBIT G



PAY
TO THE
ORDER OF

FOR

Ronald B Shipka, Enterprise Development, 1301 W Fletcher Bldg LLC First Chicago Trust U/T #25-8111 EDC Prop LLC, EDC Mgmt Inc, La Verne Shipka, The Shipka Family Gift Trust for Ron Jr, The Shipka Family Trustfor John, Shipka Lifetime Marital Trust created Shipka 2001 Irrev WAMU F.A. ISAOA, A emergency Fire Board Up Inc, Laurnes Restoration Inc & Musick Loss Mgmt Inc
PAY \$163,673.93
One Hundred Sixty Three Thousand Six Hundred Seventy Three Dollars & Ninety Three Cents
DOLLARS

1-1 999
210

INSURED/CLAIMANT

DATE ISSUED

POLICY NUMBER

CLMT.

DATE OF LOSS

8/4/09

SOC2041267

01 2/28/09

SENECA INSURANCE COMPANY, INC.
NOT VALID AFTER 90 DAYS
TWO SIGNATURES REQUIRED OVER \$2500

CLAIM #

9CCN001 (BLU) ACV Incl. EMS/Board Up/L Restoration)

THE BANK OF NEW YORK MELLON
NEW YORK, NY

AUTHORIZED SIGNATURE

NON-NEGOTIABLE

AUTHORIZED SIGNATURE

⑈ 213005⑈ ⑆ 021000018⑆ ⑈ 8900153830⑈

213005

☐ FP ☐ SUP ☒ PP

AGENT:

MAIL TO:

Musick Loss Management Inc
3101 N. Western Ave.
Chicago, IL 60618

SENECA
INSURANCE COMPANY, INC.

70
8/9/09

THE ATTACHED CHECK IS IN PAYMENT OF THE LOSS EXPENSE SHOWN ABOVE.

CLAIM FILE COPY



PAY
TO THE
ORDER OF

FOR

INSURED/CLAIMANT

CLAIM #

THE BANK OF NEW YORK MELLON
NEW YORK, NY

Ronald B Shipka Enterprises Development, 1301 W Fletcher Bldg:
LLC First Chicago Trust U/T #25-8111, EDC Properties LLC, EDC
MGMT Inc, Ronald B Shipka, Laverne Shipka, The Shipka Family Gift Trust
for Ron Jr, The Shipka Family Trust For John, Shipka Lifetime
Marital Trust Created Shipka 2001 Irrev Trust & **PAY \$2,275.00**
Musik Loss MGMT Inc

Two Thousand Two Hundred & Seventy Five Dollars & No Cents

DATE ISSUED

POLICY NUMBER

CLMT.

DATE OF LOSS

6/3/2010

SCC2041267

02/2/28/09

SENECA INSURANCE COMPANY, INC.
NOT VALID AFTER 90 DAYS
TWO SIGNATURES REQUIRED OVER \$2500

AUTHORIZED SIGNATURE

NON-NEGOTIABLE

AUTHORIZED SIGNATURE

⑈ 213316 ⑈ ⑈ 0210000181 ⑈ ⑈ 8900153830 ⑈

213316



AGENT:

MAIL TO:

Musick Loss MGMT Inc
3101 n Western Ave
Chicago, IL 60618



CLAIM FILE COPY

THE ATTACHED CHECK IS IN PAYMENT OF THE LOSS EXPENSE SHOWN ABOVE.

**SWORN STATEMENT IN PROOF OF LOSS
TO**

\$11,823,000.00
Amount of Policy at Time of Loss

SCC 2041267
Policy Number

Date Issued: 04/29/09

SENECA INSURANCE COMPANY

Agency At: New York, NY

Date Expires: 04/29/09

Agent: Frank Crystal & Company

RECEIVED
JUL 31 2009

By the above indicated policy of insurance you insured

Ronald B. Shipka, Enterprise Development

BY: [Signature]

against loss by All Risks upon the property described according to the terms and conditions of said policy and all forms, endorsements, transfers and assignments attached thereto.

Time and Origin: A Fire loss occurred about _____ o'clock _____ M. on the 28th

day of February, 2009. The cause and origin of said loss were: fire erupted from a Pontiac automobile belonging to a tenant parked in the building garage. The building is located at (Loc. #B) 1301-29 W. Fletcher, Chicago, IL 60657.

Property Involved in Claim: building and loss of rents.

Occupancy: The building described, or containing the property described, was occupied at the time of the loss as follows, and for no other purpose whatever: Residential apartment use

Title and Interest At the time of the loss the interest of your insured in the property described therein was: Owner

No other person or entity had any interest therein or encumbrance thereon, except: 1301 W. Fletcher building, L. L. C., First Chicago Trust U/T #25-8111, EDC Properties, L. L. C., EDC Management Inc., Ronald B. Shipka, La Verne Shipka, The Shipka Family Gift Trust for Ron Jr., The Shipka Family Trust for John, The Shipka Lifetime Marital Trust created Shipka 2001 Irrevocable Trust and Washington Mutual Bank, F. A. ISAOA and Music Loss Management, Inc.

Changes: Since the above policy was issued there has been no change in title, use or possession of said property except: None

The Total Insurance covering the described property including this policy and all other policies (whether valid or not), binders or agreements to insure was at time of loss:.....\$11,823,000.00

Full Replacement Cost of said property at time of loss: \$804,217.00

Full Cost of Repair or Replacement (Building loss only) \$ 190,228.11

Applicable Depreciation \$ (25,554.18)

X Actual Cash Value Loss..... Replacement Cost Loss..... \$ 164,673.93

Less deductibles and/or participation by the Insured \$ (1,000.00)

X Actual Cash Value Loss (building claim)..... Replacement Cost Loss..... \$ 163,673.93

Supplemental Claim, to be filed in accordance with the terms and conditions of the Replacement

Cost Coverage within 180 days from date of loss will

not exceed \$ 25,554.18

This loss did not originate by any act, design or procurement of the insured, or this subscriber; nothing has been done by or with the privity or consent of the insured or this subscriber to violate the conditions of the policy; no articles are mentioned herein or in annexed schedules but such as were in the building damaged or destroyed, belonging to and in possession of the insured at the time of loss; no property saved has been concealed and no attempt to deceive the company has been made. Any other information that may be required will be furnished and considered a part of this proof.

It is expressly understood and agreed that the furnishing of this blank to the insured or the assistance of an adjuster, or any agent of the insurer in the making of this proof, is not a waiver of any rights of said insurer or of any of the conditions of this policy.

State of ILLINOIS

Insured

County of COOK

By

(TITLE)

Subscribed and sworn to before me this

22

day of

July

2009

Notary Public

OFFICIAL SEAL
KAREN A. TUCKER
Notary Public - State of Illinois
My Commission Expires Mar 02, 2012

090428.03

SWORN STATEMENT IN PROOF OF LOSS
TO

\$11,823,000.00
Amount of Policy at Time of Loss

SCC 2041267
Policy Number

Date Issued: 04/29/08

SENECA INSURANCE COMPANY

Agency At New York, NY

Date Expires: 04/29/09

Agent: Frank Crystal & Company

RECEIVED
MAY 25 2010

By the above indicated policy of insurance you insured

Ronald B. Shipka, Enterprise Development

BY: *[Signature]*
against loss by All Risks upon the property described according to the terms and conditions of said policy and all forms, endorsements, transfers and assignments attached thereto.

Time and Origin: A Fire loss occurred about _____ o'clock _____ M. on the 28th

day of February, 2009. The cause and origin of said loss were: fire erupted from a Pontiac automobile belonging to a tenant parked in the building garage. The building is located at (Loc. #8) 1301-29 W. Fletcher, Chicago, IL 60657.

Property Involved in Claim: building and loss of rents.

Occupancy: The building described, or containing the property described, was occupied at the time of the loss as follows, and for no other purpose whatever: Residential apartment use

Title and Interest At the time of the loss the interest of your insured in the property described therein was: Owner

No other person or entity had any interest therein or encumbrance thereon, except: 1301 W. Fletcher building, L. L. C., First Chicago Trust U/T #25-8111, EDC Properties, L. L. C., EDC Management Inc., Ronald B. Shipka, La Verne Shipka, The Shipka Family Gift Trust for Ron Jr., The Shipka Family Trust for John, The Shipka Lifetime Marital Trust created Shipka 2001 Irrevocable Trust and Music Loss Management, Inc.

Changes: Since the above policy was issued there has been no change in title, use or possession of said property except: None

The Total Insurance covering the described property including this policy and all other policies (whether valid or not), binders or agreements to insure was at time of loss:\$11,823,000.00

Full Replacement Cost of said property at time of loss:\$884,217.00

Full Cost of Repair or Replacement (Loss of Rents only).....\$ 2,275.00

Applicable Depreciation\$ N/A

X Actual Cash Value Loss (Loss of Rents only).....\$ 2,275.00

Loss deductibles and/or participation by the insured\$ N/A

X Actual Cash Value Loss (Loss of Rents only).....\$ 2,275.00

Supplemental Claim, to be filed in accordance with the terms and conditions of the Replacement

Cost Coverage within N/A days from date of loss will

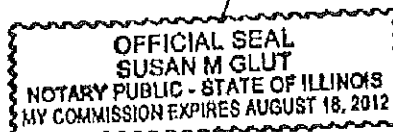
not exceed\$ N/A

This loss did not originate by any act, design or procurement of the insured, or this subscriber; nothing has been done by or with the privity or consent of the insured or this subscriber to violate the conditions of the policy; no articles are mentioned herein or in annexed schedules but such as were in the building damaged or destroyed, belonging to and in possession of the insured at the time of loss; no property saved has been concealed and no attempt to deceive the company has been made. Any other information that may be required will be furnished and considered a part of this proof.

It is expressly understood and agreed that the furnishing of this blank to the insured or the assistance of an adjuster, or any agent of the insurer in the making of this proof, is not a waiver of any rights of said insurer or of any of the conditions of this policy.

State of ILLINOIS Insured [Signature]
County of COOK By [Signature] (TITLE)

Subscribed and sworn to before me this 1st day of May
[Signature] Notary Public



090428.08